

## Shelter Medicine Externship Information Form for Participating Shelters

### Organization

Name of Agency: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Website: \_\_\_\_\_

### Executive Director/CEO/Administrator

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Supervising Veterinarian

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Organization Information

How would you characterize the organization? Please select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Open admission/traditional shelter           | <input type="checkbox"/> Municipal agency                                  |
| <input type="checkbox"/> Limited admission/adoption guarantee shelter | <input type="checkbox"/> Private nonprofit agency                          |
| <input type="checkbox"/> Animal sanctuary                             | <input type="checkbox"/> Private nonprofit agency with government contract |
| <input type="checkbox"/> Spay/neuter clinic                           | <input type="checkbox"/> Other (please describe): _____                    |

How many animals did the organization admit (shelter) last year?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> >20,000       | <input type="checkbox"/> 1,000-4,999 |
| <input type="checkbox"/> 10,000-19,900 | <input type="checkbox"/> 500-999     |
| <input type="checkbox"/> 5,000-9,999   | <input type="checkbox"/> <500        |

### Externship Information

Please provide an overview of the externship including a brief description of the externship objectives, agency, average number and type of animals cared for, description of facility, and responsibilities and experiences of the extern.



This schedule serves as an example. Please fill in blank schedule on the following page to represent what a student might expect during a typical week at your externship.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday					
7:00						Optional Day	7:00				
8:00	Shelter Rounds	Shelter Rounds	Shelter Rounds	Shelter Rounds	Shelter Rounds		8:00				
9:00	Exams & Treatments	Spay/Neuter	Exams & Treatments	Staff Parvo Training	Exams & Treatments		9:00				
10:00	Exams & Treatments	Spay/Neuter	Exams & Treatments	ACO Ride-Along	Exams & Treatments	Rabies Clinic (Optional)	10:00				
11:00	Exams & Treatments	Spay/Neuter	Exams & Treatments	ACO Ride-Along	Exams & Treatments	Rabies Clinic (Optional)	11:00				
12:00	Foster Treatments	Spay/Neuter	Foster Treatments	ACO Ride-Along	Foster Treatments	Rabies Clinic (Optional)	12:00				
1:00	Foster Treatments	Forensics Exams	Foster Treatments	ACO Ride-Along	Foster Treatments		1:00				
2:00	Behavior Assessment/Enrichment	Forensics Exams	Foster Treatments	Shelter Intake	Adoptions		2:00				
3:00	Behavior Assessment/Enrichment	Forensics Reports	Monthly Stats Review	Shelter Intake	Adoptions		3:00				
4:00	Behavior Assessment/Enrichment	Forensics Reports	Monthly Stats Review	Meet with Shelter Admin/Management	Adoptions		4:00				
5:00							5:00				
6:00							6:00				
	<i>Subject Area</i>		<i>Subject Area</i>		<i>Subject Area</i>		<i>Subject Area</i>		<i>Subject Area</i>		<i>Subject</i>
	6	Medicine	5	Medicine	7	Medicine	2	Medicine	6	Medicine	26
		Sheltering		Sheltering	2	Sheltering	7	Sheltering	3	Sheltering	12
		Shelter Surgery	4	Shelter Surgery		Shelter Surgery		Shelter Surgery		Shelter Surgery	4
		Community		Community		Community		Community	3	Community	3
	3	Behavior		Behavior		Behavior		Behavior		Behavior	3
		Other		Other		Other		Other		Other	0
											<b>Total Hours:</b> 48

Agency: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
7:00							7:00
8:00							8:00
9:00							9:00
10:00							10:00
11:00							11:00
12:00							12:00
1:00							1:00
2:00							2:00
3:00							3:00
4:00							4:00
5:00							5:00
6:00							6:00
	<b>Subject Area</b>	<b>Subject Area</b>	<b>Subject Area</b>	<b>Subject Area</b>	<b>Subject Area</b>	<b>Subject Area</b>	<b>Subject</b>
	Medicine	Medicine	Medicine	Medicine	Medicine	Medicine	
	Sheltering	Sheltering	Sheltering	Sheltering	Sheltering	Sheltering	
	Shelter Surgery	Shelter Surgery	Shelter Surgery	Shelter Surgery	Shelter Surgery	Shelter Surgery	
	Community	Community	Community	Community	Community	Community	
	Behavior	Behavior	Behavior	Behavior	Behavior	Behavior	
	Other	Other	Other	Other	Other	Other	
							<b>Total Hours:</b>